DECLARATION AND POWER OF A

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method Of And System For Generating Data-Base Compilation And Storage, Accessing, Comparing And Analyzing of Scanned Genetic Spot Pattern Images And The

, ,	orient Spot I attern II	mages And The			
x is attached hereto.			the specific		which
was filed on		, as United States ernational Application	Application Ser	ial No.	
and was amended		ernacional Applicacio	n No		 ·
I hereby state that identified specification I acknowledge the duty t in Title 37, C.F.R. §1.5	, including the o disclose info	d and understand the claims, as amended by rmation which is mate	any amendment re	ferred t	o above. defined
I hereby claim for application(s) for patent application of the application on wh	or inventor's of or in	nventor's certificate	ow and have also	identifi	ad halou
Serial No. Country	Filing D		<u>P</u>	riority <u>Yes</u>	Claimed <u>No</u>
i.a.					
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And I hereby ap firm of Rines and R cord, New Hampshire tion and revocation business in the Pate	03301, my at	torneys, with ful	n State Street L power of sub	, Con- stitu-	1
I hereby declare the all statements made on instatements were made with punishable by fine or impand that such willful fapatent issued thereon.	niormation and t the knowledge prisonment, or b	oth under \$1001 of Ti	be true; and fur tements and the	ther the	at these
(1) Full name of sole or	first inventor	:R. David	Rines		
Date: <u>December 6.</u>	2000	Signature: Z.	190		
Citizenship: <u>USA</u>		Residence: 11020 H	uetner Oaks, S	an Ant	onio,
Post Office Address:	11020 Huetne	er Oaks, San Anton	io, TX 78230		
(2) Full name of second	joint inventor,	if any:			
Date:		Signature:			
Citizenship:		Residence:			
Post Office Address:					
(3) Full name of third j					
Date:		Signature:			
Citizenship:		Residence:			
Post Office Address:					

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